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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 09/884 466	Filing Date					
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
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Total Indep	2						Total Indep					
Total Depend	13						Total Depend					
Total Claims	14						Total Claims					

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